

**X** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Pricants

YOKOTA, Teppei et al.

Appl. No.

09/536,056

Filed

March 27, 2000

Title

NON-VOLATILE RECORD MEDIUM, RECORDING METHOD, AND

RECORDING APPARATUS

Art Unit

2134

Examiner

TRAN, Tongoc

745 Fifth Avenue New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Samuel S. Lee, Reg. No. 42,791
(Name of Applicant, Assignee or Registered Representative)

Signature

April 12, 2004

Date of Signature

RECEIVED

APR 1 9 2004

Technology Center 2100

## <u>AMENDMENT</u>

Mail Stop: Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of January 12, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2.

Remarks/Arguments begin on page 8.







## PATENT 450100-02414

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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09/536,056

NON-VOLATILE RECORD MEDIUM, RECORDING METHOD, AND RECORDING

**APPARATUS** 

Filed

MAIL STOP NON-FEE AMENDMENT

COMMISSIONER FOR PATENTS

 $\boxtimes$ 

March 27, 2000

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Art Unit

For

2134

RECEIVED

APR 1 9 2004

Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

**Technology Center 2100** 

	The fee has been calculated as shown below.							
	This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.  Claims as Amended							
_	(1)	(2) Claims remaining	(3)	(4) Highest number	(5)	(6)	(	
		after amendment		previously paid for	Present extra	Rate	Add f	

(1)	Claims remaining after amendment	(3)	Highest number previously paid for	Present extra	Rate	(7) Additional fee
Total claims	21	Minus	21 =	0 ×	\$18(9)	= \$0
Independent claims	3	Minus	3 =	0 ×	\$86(43)	= \$0
				ional fee for endment		= \$0

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the highest number of total claims previously paid for is less than 20, write "20" in this space.

If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid [], or is paid herewith . This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_month extension of time. A check covering the cost of the petition is

enclosed. A check in the amount of \$ .00 is attached, which covers the cost of \( \square\) additional claims and \( \square\) -month petition for extension of time.

Charge \$\_ to Deposit Account No. 50-0320.

 $\boxtimes$ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel S. Lee, Reg. No. 42,791 (Name of Applicant, Assignee or Registered Representative)

> Signature April 12, 2004

Date of Signature

FROMMER LAWRENCE & HAUG, LLP

Attorneys for Applicant(s)

e, Reg. No. 42,791 for Samuel S. J. By: William 8. Frommer

Reg. No25,506 Tel. (212) 588-0800